

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 9 OF 18

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**College of American Pathologists Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Dr. Anthony J Guidi MD**

Mailing Address 195 8th St Unit 419

City

Charlestown

State

MA

Zip Code

02129-4206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Newton-Wellesley Hospital

Occupation

Pathologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

Transaction ID : SA11AI.53659

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr. Thomas E. Higgins MD**Mailing Address Department of Pathology  
400 E Main St

City

Mount Kisco

State

NY

Zip Code

10549-3417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northern Westchester Hosp

Occupation

Pathologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	7		2	0	1	6

Transaction ID : SA11AI.53654

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Dr. Charles N. Iknayan MD**

Mailing Address E6385 Gheller Dr

City

Bessemer

State

MI

Zip Code

49911-9754

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Grandview Hospital

Occupation

Pathologist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	9		2	0	1	6

Transaction ID : SA11AI.53661

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1250.00

**TOTAL** This Period (last page this line number only)..... ►